Health by Numbers

Rhode Island Department of Health
Patricia A. Nolan, MD, MPH, Director

Office of Health Statistics
Turning numbers into knowledge
www.healthri.org

Vol. 4, No. 2 February 2002 Edited by Jay S. Buechner, PhD

Health Status, Access to Care, and Health Risk Behaviors among Urban Rhode Islanders, 2000

Jay S. Buechner, PhD, Colleen Ryan, MPH, and Jana E. Hesser, PhD

One of two defining goals of Healthy People 2010 is "to eliminate health disparities among segments of the population, including differences that occur by gender, race or ethnicity, education or income, disability, geographic location, or sexual orientation."[1] At the national level the discussion of differences by geographic location emphasizes the elevated rates of mortality and morbidity from injury and from chronic and infectious diseases among residents of rural areas, as well as their lower utilization of preventive screening services and higher prevalence of risky behaviors.[1]

In a highly urbanized state such as Rhode Island, rates for many adverse health outcomes and risky behaviors are higher in core urban areas than in the surrounding suburbs, small towns, and rural areas.[2] The reasons for these elevations are much the same as for rural areas in other parts of the country; i.e., lack of health insurance coverage, poverty, low educational achievement, inadequate access to health care providers, and riskier occupations. Here we present data from the 2000 Behavioral Risk Factor Surveillance System (BRFSS) on the differences in behavioral health risks faced by residents of five core urban areas compared with residents of the rest of the state.

Methods. The Rhode Island Department of Health (HEALTH), through the BRFSS, has surveyed a sample of Rhode Island adults by telephone each year since 1984 concerning key health risk behaviors, health insurance coverage, and participation in health screening. Funded by the Centers for Disease Control and Prevention (CDC), Rhode Island's BRFSS is part of a national effort covering all 50 states, DC, and three territories that monitors trends for these health risk factors.[3]

In 2000, HEALTH's professional survey contractor for the BRFSS conducted 3,544 interviews (approximately 295 each month) of randomly selected Rhode Island residents ages 18 and older living in households with telephones. CDC defines the methodology used for the BRFSS by all BRFSS participants.[3]

The BRFSS asks for information on town of residence from each respondent. The five Rhode Island cities grouped as core urban were Central Falls, Newport, Pawtucket, Providence, and Woonsocket. In the 2000 Census, they had a total population of 335,473 (32.0% of the state's 1,048,319 residents) and 977 BRFSS respondents (28.6% of the 3,421 providing city/town of residence). The remaining 34 cities and towns had a total population of 712,846 (68.0%) and 2,444 BRFSS respondents (71.4%).

Results. In 2000, urban residents among BRFSS respondents in Rhode Island were more likely to report their general health status as fair or poor (21%) than their suburban and rural counterparts (12%). (Figure 1) This disparity was not mirrored in the selected specific health status measures on the survey, where urban residents showed prevalence rates either similar to (asthma, diabetes) or lower than (arthritis, permanent tooth loss) other residents.

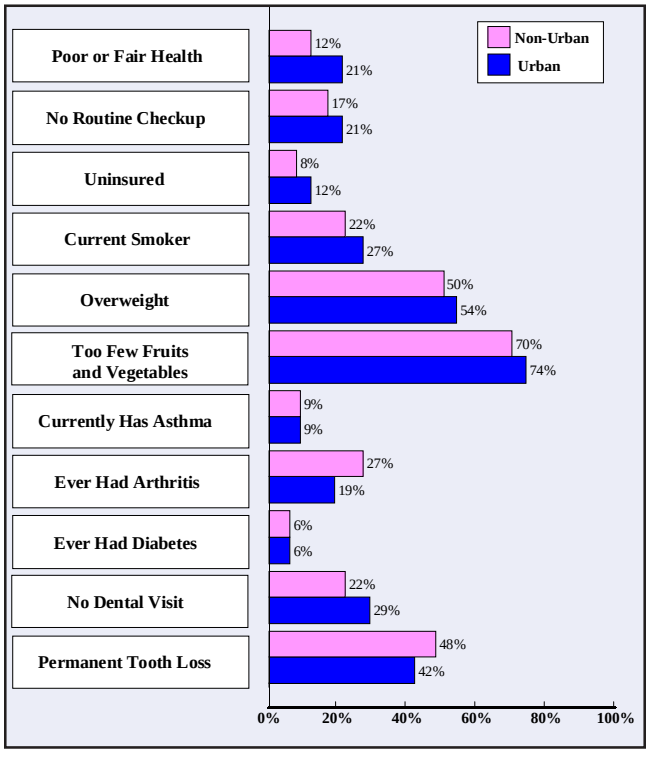

Figure 1. *Heath Risks among Adults Ages 18 and Older, by Urban Residence, Rhode Island, 2000.*

On three measures of access to health care collected by the BRFSS, urban residents were uniformly more likely to report limited access than other respondents. They were more likely to lack health insurance and less likely to have had a routine medical checkup or a dental visit during the past year. (Figure 1)

Urban Rhode Islanders were also more likely to participate in certain risky health behaviors than other respondents. More of the urban respondents smoked

cigarettes and were overweight, and fewer reported eating five or more servings of fruits and vegetables per day. (Figure 1)

Discussion. Residents of core urban areas in Rhode Island fare worse than suburban and rural residents in measures of access to health care and health risk behavior, as well as in a global measure of health status. These patterns may stem from other characteristics of urban residents that are related to health, such as low incomes, lack of access to nearby health care providers, minority race and ethnicity, and lack of health coverage. Previous analyses of HEALTH survey data have described the association of some of these underlying factors with health indicators,[4-6] and the results of those studies can help illuminate the results presented here.

Currently, many of the efforts being made in the state to address health disparities among urban residents target population segments defined by poverty, race and ethnicity, and lack of health coverage. Examples are programs in the areas of nutrition (WIC), maternal and child health services, women's cancer screening, minority health promotion, and health care coverage (RIte Care, RIte Share). Some programs have a geographic component to their targeting, such as programs to prevent lead poisoning among children, which targets areas with high proportions of older housing, and federal programs to ameliorate differences in the supply of health care professionals. It is of note that under one such federal program, all five of the cities grouped as core urban in this study are designated as shortage areas, either for their entire populations or for residents with family incomes under 200% of the federal poverty level.[7] In combination, these programs are working toward the objective of eliminating the health disparities between urban and other Rhode Islanders by the year 2010.

Jay Buechner, PhD, is Chief, Office of Health Statistics, and Clinical Assistant Professor of Community Health, Brown Medical School.

Colleen Ryan, MPH, is Public Health Epidemiologist, Office of Health Statistics.

Jana E. Hesser, PhD, is Program Manager for Health Surveys, Office of Health Statistics, and Coordinator for Rhode Island's BRFSS.

References

1. US Department of Health and Human Services. *Healthy People 2010: 2nd ed. Understanding and Improving Health and Objectives for Improving Health*. (2 vols.) Washington, DC: U.S. Government Printing Office. November 2000.
2. Office of Health Statistics. *Health Risks Among Rhode Island Adults in 2000*. Providence, RI: Rhode Island Department of Health. October 2001.
3. Frasier EL, Franks AL, Sanderson LM. Behavioral Risk Factor Data. In: *Using Chronic Disease Data: a Handbook for Public Health Practitioners*. Atlanta,GA: Centers for Disease Control and Prevention. 1992.
4. Hesser JE, Cabral RM. Health risks among low-income Rhode Island Adults. *Med&Health/RI* 1997;80:39-40.
5. Kim H, Hesser JE. Health status and health risk behaviors among minority Rhode Islanders, 1996. *Med&Health/RI* 1998;81:24-25.
6. Hesser JE. Utilization of clinical preventive services among Rhode Island adults with and without health insurance coverage, 1999. *Med&Health/RI* 2001;84:98-99.
7. Lopez J, Miller MA, Ross M. The Office of Primary Care at the Rhode Island Department of Health. *Med&Health/RI* 2000;83:132-33.

Table 1. Definitions of Health Risk Indicators

Indicator	Definition
Poor or Fair Health	*Self-rated general health is fair or poor*
No Routine Checkup	*Has not had a routine health checkup within past year*
Uninsured	*Has no health care coverage (ages 18-64 years only)*
Current Smoker	*Smokes cigarettes regularly or occasionally*
Overweight	*Body mass index (BMI)* $\geq$ 25.0 kg/m^2*
Too Few Fruits and Vegetables	*Eats fewer than 5 servings of fruits and vegetables a day*
Currently Has Asthma	*Ever been diagnosed with asthma by a physician and currently has asthma*
Ever Had Arthritis	*Ever been diagnosed with arthritis by a physician*
Ever Had Diabetes	*Ever been diagnosed with diabetes by a physician, other than during pregnancy*
No Dental Visit	*Has not seen a dentist within past year*
Permanent Tooth Loss	*Has lost one or more permanent teeth due to decay or infection*

*BMI is defined as weight in kilograms divided by height in meters squared.

Originally published in the February 2002 issue of Medicine & Health / Rhode Island

HEALTH

Rhode Island Department of Health
Office of Health Statistics
3 Capitol Hill
Providence, RI 02908

Change service requested
401 222-2550

PRSRT_STD
U.S. Postage
PAID
Providence, R.I. 02904
Permit No. 1286